



Construction for Missions School Confidential Reference Form: FRIEND

Once completed, please do not give this form back to the applicant. Mail, e-mail or fax it to YWAM Oxford directly as follows:

Address: YWAM Oxford, PO Box 47, Oxford,
North Canterbury, 7443, New Zealand

Phone: +64 3 312 49 51

Fax: +64 3 312 49 55

E-mail: registrar@ywamoxford.org

About this form (please read carefully)

Thank you for taking the time to complete this form. Please be open and honest. Thank you for your help.

Referee Information

Date:

Full Name:	_____
Postal Address:	_____
Telephone:	_____
Fax:	_____
E-Mail:	_____

Information about the Applicant

Name of applicant	_____
How well do you know the applicant?	<input type="checkbox"/> Casually <input type="checkbox"/> Well <input type="checkbox"/> Very well
How long have you known the applicant?	

Christian experience

In your consideration, which of the following would best describe the applicant's Christian experience?	<input type="checkbox"/> Contagious <input type="checkbox"/> Genuine and Growing <input type="checkbox"/> Mature <input type="checkbox"/> Over emotional <input type="checkbox"/> Superficial
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Personal Profile

Please assess the following:

	Poor	Average	Good	Excellent	Unknown
Ability to cope with stress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Ability to follow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Attitude to Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Christian character	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Concern for others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Initiative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Judgment / decision making	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Leadership capability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Academic ability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Moral standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Perseverance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Reliability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Self discipline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
Temperament	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

Strengths

Could you tell us what you think the applicant's strengths are? (special abilities, skills etc)

Problem areas

Please check off words or descriptions if they apply to the applicant:

Please note that we are seeking to help the applicant grow.

- | | |
|---|--|
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Given to moods |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Critical of others |
| <input type="checkbox"/> Intolerant | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Offended |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Discouraged |
| <input type="checkbox"/> Frequently worried | <input type="checkbox"/> Erratic in attitudes or actions |
| <input type="checkbox"/> Nervous or tense | <input type="checkbox"/> Addictive behaviours |
| <input type="checkbox"/> Unable to cope with stress | <input type="checkbox"/> Lazy |
| <input type="checkbox"/> Prejudiced toward groups / races / nationalities | |

If you have noticed any of these, or any other relevant remarks concerning medical, psychological, drug/alcohol use or other areas of their life we should know more about, please elaborate:



Responsibility

Is the applicant dependable & trustworthy with responsibility given to him/her?

Yes
 No

If no, please explain: _____

Does the applicant respond well to authority?

Yes
 No

If no, please explain: _____

Family background

Please comment on his/her family background (if known).

Motives

In your opinion, what are the applicant's motives for applying to YWAM?

Additional comments

Please add any other relevant comments about the applicant:

Thanks for taking the time to fill in this reference form.

God Bless!